

Natural Gas Well Completion Two Day Notification

E-mail to: DEPOilandGasSector@wv.gov

New Source Performance Standards for Crude Oil and Natural Gas Production,
Transmission and Distribution "NSPS 0000"

SECTION I: GENERAL INFORMATION

Stone Energy Corporation

Owner or Operator Name		Division of Air Quality ID Number (If Available)
6000 Hampton Center		
Street Address		
Morgantown	WV	26505
City	State	ZIP Code
David Lovett	LovettDA@StoneEnergy.com	304 225-1772
Facility Local Contact Name	E-Mail	Telephone Number
		11/07/2012
Signature		Date

SECTION II: SOURCE DESCRIPTION

1. Please check the proposed well flowback compliance option:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Route flowback gas to a completion combustion device | <input type="checkbox"/> Use on-site as a fuel source; |
| <input type="checkbox"/> Reinject into the well or another well | <input type="checkbox"/> Route flowback gas to a salable gas pipeline |
| <input type="checkbox"/> Other _____ | |

2. Please complete the table below for each affected source per §60.5365.

API Number	Farm Name and Well Number	Latitude & Longitude Coordinates	Planned date of the beginning of "Flowback"	Anticipated date of well completion
47-103-02704	Mills-Wetzel #8H	39.52104 80.65700	12/05/2012	11/10/2012
47-103-02707	Mills-Wetzel #10H	39.52113 80.65692	12/05/2012	11/10/2012
47-103-02708	Mills-Wetzel #12H	39.52123 80.65685	12/05/2012	11/10/2012

[Add rows to the table for additional wells, as necessary]